

DECLARATION  
AND POWER OF ATTORNEY

ORIGINAL APPLICATION



05100

PATENT TRADEMARK OFFICE

DOCKET No. GC627-2

AS A BELOW NAMED INVENTOR, I HEREBY DECLARE THAT:

MY RESIDENCE, POST OFFICE ADDRESS AND CITIZENSHIP ARE AS STATED BELOW NEXT TO MY NAME. I BELIEVE I AM THE ORIGINAL, FIRST AND SOLE INVENTOR (IF ONLY ONE NAME IS LISTED BELOW) OR AN ORIGINAL, FIRST AND JOINT INVENTOR (IF PLURAL NAMES ARE LISTED BELOW) OF THE SUBJECT MATTER WHICH IS CLAIMED AND FOR WHICH A PATENT IS SOUGHT ON THE INVENTION ENTITLED BACILLUS TRANSFORMATION, TRANSFORMANTS AND MUTANT LIBRARIES, THE SPECIFICATION OF WHICH

CHECK ONE:

☒ IS ATTACHED HERETO

☐ WAS FILED ON \_\_\_\_\_ AS APPLICATION SERIAL NO. \_\_\_\_\_.

I HEREBY STATE THAT I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE ABOVE IDENTIFIED SPECIFICATION, INCLUDING THE CLAIMS, AS AMENDED BY ANY AMENDMENT REFERRED TO ABOVE. I ACKNOWLEDGE THE DUTY TO DISCLOSE INFORMATION WHICH IS MATERIAL TO PATENTABILITY AS DEFINED IN TITLE 37, CODE OF FEDERAL REGULATIONS §1.56.

I HEREBY CLAIM FOREIGN PRIORITY BENEFITS UNDER TITLE 35, UNITED STATES CODE §119, OF ANY FOREIGN APPLICATION(S) FOR PATENT OR INVENTOR'S CERTIFICATE LISTED BELOW AND HAVE ALSO IDENTIFIED BELOW ANY FOREIGN APPLICATION FOR PATENT OR INVENTOR'S CERTIFICATE HAVING A FILING DATE BEFORE THAT OF THE APPLICATION ON WHICH PRIORITY IS CLAIMED.

| APPLICATION NUMBER | COUNTRY | DATE OF FILING | PRIORITY CLAIMED |    |
|--------------------|---------|----------------|------------------|----|
|                    |         |                | YES              | NO |
|                    |         |                |                  |    |

I HEREBY CLAIM THE BENEFIT UNDER TITLE 35, UNITED STATES CODE §120, OF ANY UNITED STATES APPLICATION(S) LISTED BELOW AND, INsofar AS THE SUBJECT MATTER OF EACH OF THE CLAIMS OF THIS APPLICATION IS NOT DISCLOSED IN THE PRIOR UNITED STATES APPLICATION IN THE MANNER PROVIDED BY THE FIRST PARAGRAPH OF TITLE 35, UNITED STATES CODE §112, I ACKNOWLEDGE THE DUTY TO DISCLOSE MATERIAL INFORMATION AS DEFINED IN TITLE 37, CODE OF FEDERAL REGULATIONS §1.56(A) WHICH OCCURRED BETWEEN THE FILING DATE OF THE PRIOR APPLICATION AND THE NATIONAL OR PCT INTERNATIONAL FILING DATE OF THIS APPLICATION.

| APPLICATION NUMBER | DATE OF FILING  | STATUS - PATENTED, PENDING OR ABANDONED |
|--------------------|-----------------|---|
| 60,224,948         | AUGUST 11, 2000 | PENDING                                 |

**POWER OF ATTORNEY:** AS A NAMED INVENTOR I HEREBY APPOINT AS MY ATTORNEY(S) WITH FULL POWER OF SUBSTITUTION AND REVOCATION, TO PROSECUTE THIS APPLICATION AND TRANSACT ALL BUSINESS IN THE PATENT AND TRADEMARK OFFICE CONNECTED THEREWITH:

MARGARET A. HORN, REG. No. 33,401  
CHRISTOPHER L. STONE, REG. No. 35,696  
RICHARD T. ITO, REG. No. 32,242  
VICTORIA L. BOYD, REG. No. 43,510

SEND CORRESPONDENCE TO:

VICTORIA L. BOYD

GENENCOR INTERNATIONAL, INC.

925 PAGE MILL ROAD

PALO ALTO, CA 94304-1013

DIRECT TELEPHONE CALLS TO:

(650) 846-7615

**201**

|                         |   |  |                                |                                 |
|-------------------------|---|--|--------------------------------|---------------------------------|
| FULL NAME OF INVENTOR   | FULL FIRST NAME<br>MARIA                  | INITIAL<br>R.                          | LAST NAME<br>DIAZ-TORRES       |                                 |
| RESIDENCE & CITIZENSHIP | CITY<br>LOS GATOS                         | STATE OR FOREIGN COUNTRY<br>CALIFORNIA |                                | COUNTRY OF CITIZENSHIP<br>SPAIN |
| POST OFFICE ADDRESS     | POST OFFICE ADDRESS<br>142 JOHNSON AVENUE | CITY<br>LOS GATOS                      | STATE OR COUNTRY<br>CALIFORNIA | ZIP CODE<br>95030               |

**202**

|                         |   |  |                                |                                  |
|-------------------------|---|--|--------------------------------|----------------------------------|
| FULL NAME OF INVENTOR   | FULL FIRST NAME<br>EDWIN                  | INITIAL<br>W.                          | LAST NAME<br>LEE               |                                  |
| RESIDENCE & CITIZENSHIP | CITY<br>SAN FRANCISCO                     | STATE OR FOREIGN COUNTRY<br>CALIFORNIA |                                | COUNTRY OF CITIZENSHIP<br>U.S.A. |
| POST OFFICE ADDRESS     | POST OFFICE ADDRESS<br>239 SWEENEY STREET | CITY<br>SAN FRANCISCO                  | STATE OR COUNTRY<br>CALIFORNIA | ZIP CODE<br>94134                |

**203**

|                         |  |  |                                |                                  |
|-------------------------|--|--|--------------------------------|----------------------------------|
| FULL NAME OF INVENTOR   | FULL FIRST NAME<br>THOMAS                  | INITIAL<br>B.                          | LAST NAME<br>MORRISON          |                                  |
| RESIDENCE & CITIZENSHIP | CITY<br>PALO ALTO                          | STATE OR FOREIGN COUNTRY<br>CALIFORNIA |                                | COUNTRY OF CITIZENSHIP<br>U.S.A. |
| POST OFFICE ADDRESS     | POST OFFICE ADDRESS<br>3767 REDWOOD CIRCLE | CITY<br>PALO ALTO                      | STATE OR COUNTRY<br>CALIFORNIA | ZIP CODE<br>94306                |

**204**

|                         |  |  |                                |                                   |
|-------------------------|--|--|--------------------------------|-----------------------------------|
| FULL NAME OF INVENTOR   | FULL FIRST NAME<br>VOLKER                | INITIAL                                | LAST NAME<br>SCHELLENBERGER    |                                   |
| RESIDENCE & CITIZENSHIP | CITY<br>PALO ALTO                        | STATE OR FOREIGN COUNTRY<br>CALIFORNIA |                                | COUNTRY OF CITIZENSHIP<br>GERMANY |
| POST OFFICE ADDRESS     | POST OFFICE ADDRESS<br>914 MORENO AVENUE | CITY<br>PALO ALTO                      | STATE OR COUNTRY<br>CALIFORNIA | ZIP CODE<br>94303                 |

**205**

|                         |   |                                       |                               |                                  |
|-------------------------|---|---------------------------------------|-------------------------------|----------------------------------|
| FULL NAME OF INVENTOR   | FULL FIRST NAME<br>OLGA                                   | INITIAL<br>V.                         | LAST NAME<br>SELIFONOVA       |                                  |
| RESIDENCE & CITIZENSHIP | CITY<br>PLYMOUTH  | STATE OR FOREIGN COUNTRY<br>MINNESOTA |                               | COUNTRY OF CITIZENSHIP<br>RUSSIA |
| POST OFFICE ADDRESS     | POST OFFICE ADDRESS<br>1405 OLIVE LANE NORTH,<br>APT. 318 | CITY<br>PLYMOUTH                      | STATE OR COUNTRY<br>MINNESOTA | ZIP CODE<br>55447                |

FORM 201-081001

I FURTHER DECLARE THAT ALL STATEMENTS MADE HEREIN OF MY OWN KNOWLEDGE ARE TRUE AND THAT ALL STATEMENTS MADE ON INFORMATION AND BELIEF ARE BELIEVED TO BE TRUE; AND FURTHER THAT THESE STATEMENTS WERE MADE WITH THE KNOWLEDGE THAT WILLFUL FALSE STATEMENTS AND THE LIKE SO MADE ARE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH, UNDER SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE , AND THAT SUCH WILLFUL FALSE STATEMENTS MAY JEOPARDIZE THE VALIDITY OF THE APPLICATION OR ANY PATENT ISSUING THEREON.

|                           |                           |
|---------------------------|---------------------------|
| SIGNATURE OF INVENTOR 201 | SIGNATURE OF INVENTOR 202 |
| DATE                      | DATE                      |
| SIGNATURE OF INVENTOR 203 | SIGNATURE OF INVENTOR 204 |
| DATE                      |                           |
| SIGNATURE OF INVENTOR 205 |                           |
| DATE                      |                           |

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